Child and Adolescent Mental Health Service (CAMHS)

Operational Policy

Forest House Adolescent Unit

Version:	**3.1**
Executive Lead:	**Exec Director Quality and Safety**
Lead Author:	**Modern Matron CAMHS Unit Manager FHAU**
Approved Date:	**5th March 2015**
Approved By:	**East and North SBU Quality and Risk Committee**
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Ratified By:	**Policy Panel**
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Review Date:	**17th April 2018**

Target Audience:
This Policy must be understood by staff working in:

- Forest House
- Children's Crisis and Assessment Treatment Team (CCATT)
- Single Point of Access (SPA)
- Specialist CAMHS Clinics
- Any related service which may make referrals to the Unit
- All staff dealing with this Care Group

Preface - concerning the Trust Policy Management System (PMS)

P1 - Version Control History:
Below notes the current and previous Version details- full history is in Part 3

Version	Date of Issue	Author	Status	Comment
V2	1st March 2011	CAMHS Service Manager	Superseded	Ratified
V3	17th April 2015	Modern Matron CAMHS Unit Manager FHAU	Superseded	Minor amendments – full review
V3.1	September 2015	Service Line Lead	Current Policy	Care Act Addendum removed and policy update to be Care Act Compliant

P2 - Relevant Standards:
a) Quality Network for CAMHS Standards for inpatient standards – Forest House is a member of the CAMHS in-patient Network. It is subject to yearly peer reviews and yearly accreditation visits.
b) Equality and RESPECT: The Trust operates a policy of fairness and RESPECT in relation to the treatment and care of service users and carers; and support for staff.

P3 - The 2012 Policy Management System and the Policy Format:
The PMS requires all Policy documents to follow the relevant Template

- **Policy Template** is the essential format for most Policies. It contains all that staff need to know to carry out their duties in the area covered by the Policy.
- **Operational Policies Template** provides the format to describe our services ,how they work and who can access them
- **Care Pathways Template** is at the moment in draft and only for the use of the Pathways Team as they are adapting the design on a working basis.
- **Guidance Template** is a sub-section of the Policy to guide Staff and provide specific details of a particular area. An over-arching Policy can contain several Guidance's which will need to go back to the Approval Group annually.

Symbols used in Policies:

RULE **=internally agreed, that this is a rule & must be done the way described**

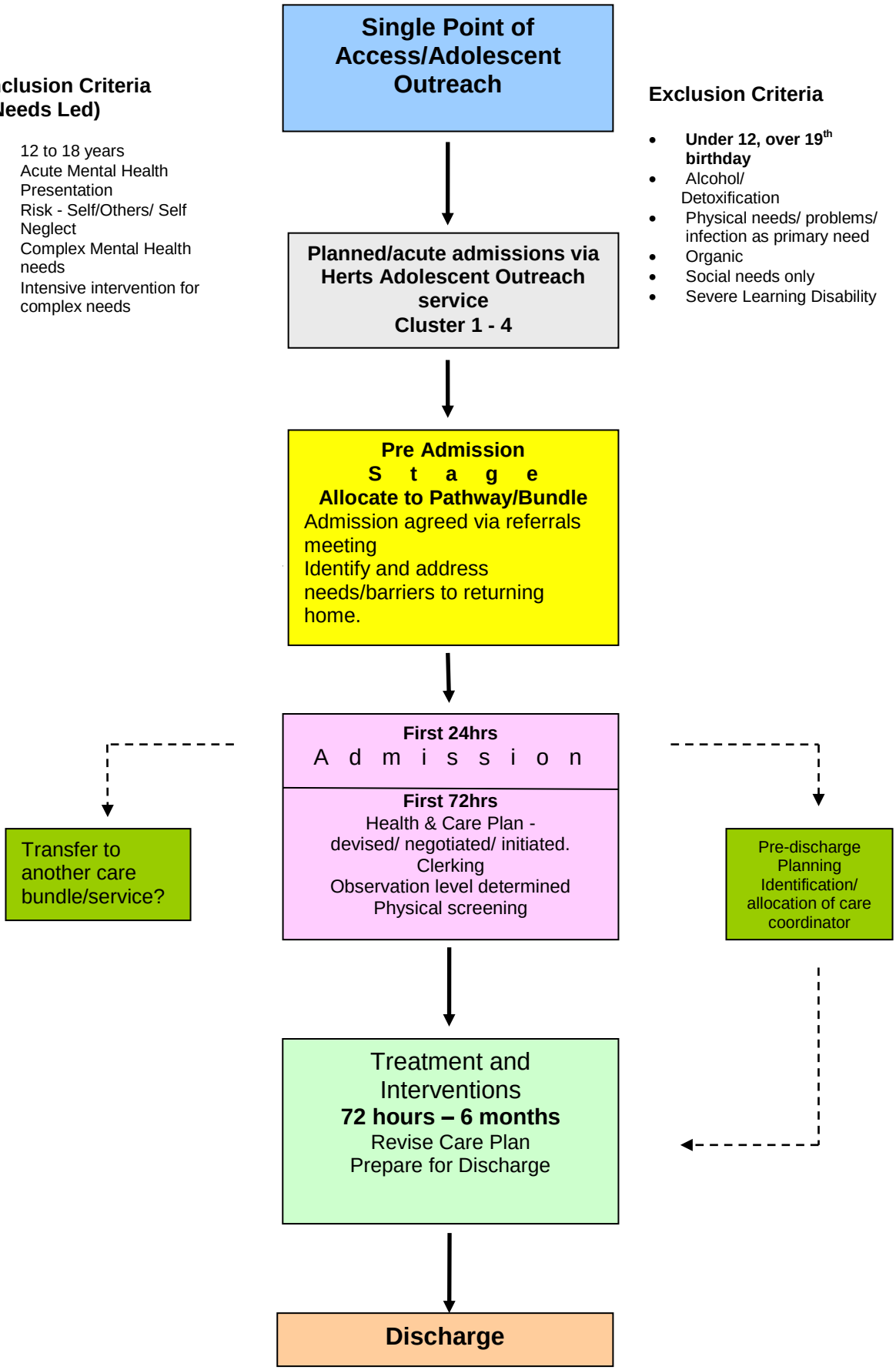
STANDARD **= a national standard which we must comply with, so must be followed**

Managers must bring all relevant policies to the attention of their staff, where possible, viewing and discussing the contents so that the team is aware of what they need to do.

Individual staff/students/learners are responsible for implementing the requirements appropriate to their role, through reading the Policy and demonstrating to their manager that they understand the key points.All Trust Policies will change to these formats as Policies are reviewed every 3 years, or when national Policy or legislation or other change prompts a review. All expired & superseded documents are retained & archived and are accessible through the Compliance and Risk Facilitator Policies@hpft.nhs.uk

All current Policies can be found on the Trust Policy Website via the Green Button or
http://trustspace/InformationCentre/TrustPolicies/default.aspx

Flow Chart


Single Point of Access/Adolescent Outreach
Inclusion Criteria (Needs Led)
12 to 18 years
Acute Mental Health Presentation
Risk - Self/Others/ Self Neglect
Complex Mental Health needs
Intensive intervention for complex needs
Exclusion Criteria
Under 12, over 19th birthday
Alcohol/ Detoxification
Physical needs/ problems/ infection as primary need
Organic
Social needs only
Severe Learning Disability
Planned/acute admissions via Herts Adolescent Outreach service
Cluster 1 - 4
Pre Admission
S t a g e
Allocate to Pathway/Bundle
Admission agreed via referrals meeting
Identify and address needs/barriers to returning home.
First 24hrs
A d m i s s i o n
First 72hrs
Health & Care Plan - devised/ negotiated/ initiated.
Clerking
Observation level determined
Physical screening
Transfer to another care bundle/service?
Pre-discharge Planning
Identification/ allocation of care coordinator
Treatment and Interventions
72 hours – 6 months
Revise Care Plan
Prepare for Discharge
Discharge

2. Summary

The National Service Framework for Children, Young People and Maternity Services establishes clear standards for promoting the health and well-being of children and young people and for providing high quality services, which meet their needs.

The mental health and psychological well-being of children and young people is the ninth standard in this framework.

Key strategic direction has been found in:-

- Change for Children - Every Child Matters, Department for Children, Schools and Families (DCSF), 2004;
- The National Service Framework for Children, Young Peoples and Maternity Services, Department of Health, 2004;
- The Children's Plan-Building Brighter Futures, DCSF, 2007;
- Children and Young People in Mind: the final report of the National CAMHS Review, DCSF, 2008.
- Care Act 2014
- Children and Families Act 2014

During the process of assessment the principles of the Care Act (2014) must be followed particularly for those who may transition to adult services. The Care Act requires that the wellbeing of each young person or carer **must** be taken into account so that assessment and planning is based around individual needs, wishes and outcomes. Early conversations provide an opportunity for young people and their families to reflect on their strengths needs and desired outcomes and to plan ahead for how they will achieve their goals.

The duty to conduct a transition assessment applies when a young person is likely to have needs for care and support under the Care Act. A transition assessment must be conducted for all those who have likely needs. However the timing of this assessment would depend on when it is of *significant benefit* to the young person. The provisions in the Care Act relating to transition to adult care and support are not only for those who are already receiving CAMHS services and /or Children's Social Care but for anyone who is '*likely to have needs'* for adult care and support after turning 18. '*Likely to have needs'* means they have any likely appearance of need for care and support as an adult, not just those needs that will be deemed eligible under the Care Act.

Standard
All children and young people from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective treatment and support, for them and their families.

Vision

- An improvement in the mental health of all children and young people
- That multi-agency services working in partnership, promote the mental health of all children and young people, provide early intervention and meet the needs of children and young people with established or complex problems.
- That all children, young people and their families have access to mental health care based upon the best available evidence and provided by staff with an appropriate range of skills and competencies.

Standard Nine

Markers of Good Practice

- All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.

- Protocols for referral, support and early intervention are agreed between all agencies.

- Child and adolescent mental health (CAMH) professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.

- Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.

- Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.

- All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.

- The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach. Contingency arrangements are agreed at senior officer levels between health, Children's services and education to meet the needs and manage the risks associated with this particular group.

- Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.

- Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.

- When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the 'care programme approach'.

- Forest House Adolescent Unit is situated on the Kingsley Green site and is part of Hertfordshire Partnership University NHS Foundation Trust (HPFT) Child and Adolescent Mental Health services which is managed through the East and North Business Unit.

- Forest House is a 16-bedded psychiatric unit for 12 – 18 year olds of mixed gender. The unit has 3 beds that are used for young people coping with a co-morbid eating disorder and 13 generic beds, which can be planned or emergency admissions.

- The unit accepts both voluntary admissions and admissions of young people who are detained under the Mental Health Act. Very occasionally young people may be admitted whilst under a specific section of the Children's Act 1989.

- All young people under the age of 16 years old have the legal right to education whatever their circumstances. Forest House Education Centre is housed in an adjacent building. The school is run by the local education authority and is a satellite of St.Luke's mainstream school, Redbourn, Hertfordshire. This is accessible to all young people who are admitted to Forest House.

- Forest House Adolescent Unit is a mixed gender facility with sleeping and bathing areas for single gender occupation. The lounge space is a mixed gender area; however, facilities are in place to accommodate single gender lounge areas if required.

- Forest House is an open unit but does have the necessary policies in place to allow four of the beds, a lounge and other facilities, to be used separately from the rest of the unit if and when this is required.

- Within Forest House, the multi-disciplinary team jointly assesses a young person's needs. These needs include Mental Health needs, social care and education. Treatment and care is then planned with the young person and their family, and if already known to services, the referrer. This is completed within the Care Programme Approach framework.

- Multi-disciplinary staff will be involved in the assessment of risk.

- The multi-disciplinary team, the young person and appropriate carers agree a written care plan.

3. Purpose

Forest House Adolescent Unit is committed to -

- Offering assessment, care and treatment within a safe environment that respects individual rights and allows treatment to occur in the least restrictive manner possible.

- Providing a service that is flexible and responsive to disability, gender, sexual orientation, age, ethnic, spiritual, cultural, religious, physical and sensory needs, ensuring that anti-discriminatory practice underpins the service.

- Ensuring that all health, social care needs and risk are assessed by the multi-disciplinary team and that an appropriate treatment/care plan and risk management plan is agreed. The plan will include the views of the young person and relevant carers and discharge planning arrangements.

- Providing a high stand of treatment and care, respecting rights for privacy and dignity, in a safe and therapeutic environment for young people requiring a longer period of stay.

- Providing a high standard of treatment and care, respecting rights for privacy and dignity, in a safe environment for young people requiring acute admissions.

- Respecting confidentiality within the context of professional and legal constraints. This will be in accordance with the HPFT policy and guidance on the management of care records and the inter-agency protocol on sharing information.

- To provide care and treatment for a small group of young people requiring specialist eating disorder inpatient care.

4. Definitions

STANDARD

MDT – Multi Disciplinary Team
CAMHS – Child and Adolescent Mental Health Service
CPA – Care Programme Approach

5. Duties and Responsibilities

RULE

The staff team at Forest House consists of nursing staff, specialist medical staff, psychologists, occupational therapist, social work, dance and movement therapist, art therapist, drama therapist, family therapist, teaching staff, housekeeper and administrative staff. This MDT focuses on the treatment, care and improved functioning of the young people on the unit.

There is regular support from the pharmacist, who makes monthly visits to the unit and is available at other times for advice as required.

There is regular support from the dietician for those with eating disorders. Advice is also available on request for other young people.

The Modern Matron holds responsibility for the overall functioning and management of Forest House.

5.5 The Modern Matron works collaboratively with the unit multi-disciplinary management team in managing its day to day functioning.
Responsibilities include:

- Ensuring the health and safety of all staff, young people and visitors to the ward.
- Ensuring that all records, from all disciplines, are correctly entered onto care notes and HPFT procedures are followed.
- Ensuring that clinical meetings occur on time and are chaired appropriately.
- Ensuring that multi-disciplinary meetings happen as per timetable.
- Ensuring that regular nurse supervision, training and personal development plans are in place.
- The recruitment and all HR issues relating to all staff of all disciplines except medical staff.
- Ensuring that issues arising within the multi-disciplinary team that may potentially lead to conflict are identified and seeking to resolve any dispute through discussion with appropriate staff and managers.
- To take the lead role in ensuring that all risk factors are taken into consideration and that a robust management plan is in place.

- Ensuring the overall environment is appropriate and in good state for its purpose.
- Dealing with and responding to any complaints, compliments and comments that may be received.
- Monitoring any incidents that occur.

5.6 The medical team consist of two consultant psychiatrists, (both of whom are part time and work across other CAMHS services), one part time ST4-6 doctor and one full time staff grade doctor. The medical team have responsibility for -

- Alongside the multidisciplinary team, assessing whether a young person needs admission.
- Completing a mental health assessment for all new admissions to the unit on the same or following working day.
- One of the consultants will be the Responsible Clinician for individual young people who are admitted under the Mental Health Act.
- Alongside the multi-disciplinary staff, assessing a young person's mental state, formulating a diagnosis and monitoring the risks, a young person poses.
- The psychiatric diagnosis and treatment of young people.
- The medical treatment of all in-patients on the unit.
- Detention under the mental health act where needed and ensuring the appropriate management of a young person whilst detained such as the signing of section 17, (leave forms) and ensuring section 38, (consent to treatment is in place.)
- Discharging young people from the unit
- Preparation of reports for tribunals, manager's hearings and courts where needed

5.7 There are a number of qualified and unqualified nursing staff on Forest House Adolescent Unit. Nursing staff include a Team Leader, who is responsible for -.

- Ensuring all shifts are appropriately covered by qualified staff.
- Monitoring the day to day nursing of young people on the unit and ensuring standards are maintained.
  Included in and the Team Leaders responsibilities and working alongside, the Nursing Staff hold responsibility for –
- As well as the multidisciplinary team agreeing and arranging admissions
- Assessing the nursing needs of referrals to the unit and whether an admission is required.
- Day to day care and support of young people.
- Day to day assessment of mental state and risk.
- The facilitating and co-facilitating of daily therapeutic groups
- If, and when appropriate, assisting and accompanying young people when accessing community services/activates e.g. hospital appointments.
- Qualified nursing staff to administer medication.
- Holding specific responsibilities as key workers and co-workers.
- Monitoring and reporting any behaviours or incidents that cause concern
- Writing and evaluating the nursing care plan.
- Managers and Tribunal reports and attendance at hearings
- Ensuring that all nursing interventions are in line with The Nursing Midwifery Council (NMC) code of conduct.
- Nursing reports for CPA meetings.

The responsibilities of the Occupational Therapists within the team include:

- Assessing the occupational functioning of young people based on the principles of occupational behaviour and performance.

- Devising and implementing the appropriate occupational intervention and treatment plan using therapeutic activity groups and individual sessions.
- Supervision and management of the group programme on the unit.
- Planning and managing holiday programmes when the education centre is not running.

Clinical Psychologist's responsibilities include:

- Psychological assessments.
- Consultation and therapy.
- Assisting in the monitoring and evaluation of the service on the unit.
- Psychologists may also be involved in appropriate research projects.

The Art Therapists responsibilities include:

- Assessing the appropriateness of the young people for group or individual art therapy.
- Running a weekly art therapy group for those young people thought to be appropriate.
- To provide individual art therapy as and when needed.

The Dance and Movement Therapists responsibilities include:

- Running a weekly dance and movement therapy group for all young people.

5.12 The Social worker on the unit has responsibility for -

- Assessing young people's social needs.
- Liaising with local Children's services departments as needed, for individuals.
- Feeding back and passing on highly sensitive and confidential information to internal and external parties.
- Assisting young people and their families with benefit and monetary issues.

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5.13 The family therapist's responsibilities include:

- To provide a comprehensive family therapy service, including co-ordinating and developing existing services.
- To assess staff development needs in the area of family therapy and to develop and deliver appropriate interventions including supervision and evaluation of outcomes
- To supervise work with the young people and their families/systems at referral, inpatient and discharge stages.
- Allocation of family work and evaluating family therapy at all stages.

5.14 The drama therapist's responsibilities include

- To provide a weekly drama therapy group for the young people on the unit.
- To provide individual drama therapy sessions for individual young people as and when the need arises.
- To support the MDT with the staff thinking around group dynamics and themes.

6. Multi-disciplinary Working

6.1 Multi-disciplinary working is at the core of practice within Forest House. Good teamwork enables the provision of effective, comprehensive care. Meeting the young persons' needs is the primary task of the multi-disciplinary team (MDT). All relevant professionals contribute to this task and to the creation of a safe, appropriate and therapeutic environment on the unit.

6.2 Allocation of specific pieces of work, including specific therapies, to different members of the multi-disciplinary team takes place within an MDT meeting.

6.3 There are two full multi-disciplinary ward rounds held weekly on the unit.

6.4 Multi-disciplinary CPA reviews occur every six weeks but are brought forward of the length of stay is shorter to facilitate a Discharge CPA with both internal and external professionals.

6.5 Every young person has a CPA Care Plan that identifies the activities treatment, risk and the person(s) holding responsibility for ensuring different elements of the care plan take place.

6.6 Senior Management meetings between Forest House and Outreach take place every month. All managers and Consultants attend.

6.7 There is MDT training days four times a year.

6.8 MDT training and development slots are timetabled weekly.

6.9 Multi-disciplinary records are recorded and accessed on the Electronic Patient Record system PARIS.

6.10 Within recruitment, multi-disciplinary interview panels, including a service user, are set up for the selection process.

7. Eligibility Criteria

7.1 Forest House Adolescent Unit provides a service to young people between 12 – 18 years of age, who have an identified mental health need.

- Acute psychiatric presentation.
- Behavioural and emotional difficulties for which treatment would be of benefit.
- Therapeutic admission (a place of residence must be identified).
- Young people with a mild – moderate learning disability with an associated mental health issue.
- Young people with an eating disorder

8. Exclusion Criteria

8.1 The service will not accept referrals below the age of 12 years and above 18 years.

- Eating disorder referrals who required nasal-gastric feeding or whose physical presentation requires treatment within an acute paediatric ward.

- Young people presenting such extreme risks that the service has neither the capacity nor expertise to manage such risk.
- Young people with a severe learning disability who would be vulnerable within the service.
- Inappropriate service user mix based on risk, gender and safety.

9. Referral Procedure

Referral Procedure for young people who live in Hertfordshire

		By When	By Whom
1	When a member of staff in the community anticipates that more input is required to contain/support a young person they should complete and submit an Outreach referral to the Hertfordshire Adolescent Outreach Team.	Same day	Any member of staff working in a Hertfordshire CAMHS clinic
2	The referral will be received by the HAOT and depending on the urgency of the need it will be taken to the following morning's admin meeting for discussion. The Outreach team may decide they can support the CAMHS clinic with the young person in the community or they may decide that the young person requires an in-patient admission, either an emergency admission or a planned admission.	Same day or 1st admin after the referral has been received.	Hertfordshire Adolescent Outreach Team
3(a)	**Emergency admission is required** Go to procedure for emergency admission.		
3(b)	**Admission required** A referral form will be completed by the HAOT for Forest House Adolescent Unit. This form goes to the next referrals meeting on the unit	Same day as discussion in the admin meeting.	Hertfordshire Adolescent Outreach Team.
4	The referral is then taken to the following referral meeting on the unit. The unit team will discuss plans for an admission, appropriateness, who will take a lead, key worker, consultant etc.	Within 7 days of receiving initial referral	Unit Team
5(a)	**Not suitable for admission**		

	Hertfordshire Adolescent Outreach Team will take the case back and hold them in the community.		Unit staff to HAOT
5(b)	**Suitable for admission** Contact is made with the family by the unit team and a date set for either a visit or admission, depending on what is thought to be most appropriate for the young person and family.	5 days	Unit team
6	Further information is gathered from the young person and their family and the unit expectations are explained. The daily timetable and routine are explained. The young person meets their key worker and a tour of the unit and school is given.		Key worker and 1 other member of the unit team
7	A further meeting or meetings may be necessary depending on the commitment and readiness of the young person and their family to an admission. Once the family, young person and unit agree on needs, the initial care plan will be written and a date and time for admission will be set.	7 days	Key worker and other member of staff as above
8	Admission to the unit takes place	3 weeks	Key worker and doctor.

FOREST HOUSE ADOLESCENT UNIT

Referral Procedure for Out of Area Admission Pathway

		By When	By Who
1	Forest House receives a phone call from a referrer outside of Hertfordshire. Information received either by fax or over the telephone, referral form completed.	Same day	Unit staff: Band 6 or above nurse or any doctor. (if none available the shift leader will take information).
2	Discussion between doctor and nurse as to appropriateness of admission.	Same day	Unit staff
3	**Admission suitable** IPPA form received, completed and signed by commissioner. Phone call to referrer to agree the admission. The time and date of the admission will be decided.	Same day or within a maximum of 24 hours	Referrer and unit team
4	Unit to contact young person and family, introduction and location.	Same day	Nursing staff
5	Admitted to the unit by nursing staff, who will then complete an interim care plan to cover the following 24 hours.	Same day	Nursing staff
6	Seen and clerked in by a medic.	Same day	Medical team or duty Dr

FOREST HOUSE ADOLESCENT UNIT

Referral Procedure for Emergency and Out of Hours Admission Pathway

		By When	By Who
1	Young person presents at A and E and is assessed by A and E liaison nurse/CATT or Paediatrician. Also assessed by Duty Psychiatrist.	Same day	A and E liaison nurse, CATT or Paediatrics and Duty Psychiatrist
2a	If the duty psychiatrist feels more in-put is required from specialist services the CAMHS on-call consultant will be contacted via the Duty Psychiatrist. In conjunction with each other, taking risk assessment and mental state into account it will be decided whether an admission is required or not.	Same day	Duty psychiatrist and CAMHS on-call consultant
2b	A young person may be removed from a public place by the police and taken to the 136 suite. CAMHS staff will then be notified and a psychiatrist and an Approved Mental Health Professional (AMHP) may be called to do an assessment under the mental health act.	Same day	Police and Social Worker
3a	**Admission not required** The CAMHS on-call consultant will make a referral to the Specialist CAMHS clinic, local to the young person, in order for the clinic to make a response the following day.	Same day	CAMHS on-call consultant
3b	**Admission required** Once the young person has been medically cleared, if the young person agrees to go to Forest House they will be admitted on a voluntary basis.	Same day or within a maximum of 24 hours	Duty psychiatrist and duty social worker
	If the young person refuses the treatment offered, a mental health act assessment will be required. This will need to be arranged by the duty social worker who will have received a telephone call from the duty psychiatrist about the need. If the mental health act		

	assessment is unable to detain the young person, they will be discharged home. Go to point 3a. If the young person is detained using the mental health act, their rights will be explained to them.		
4	The CAMHS on-call consultant or A and E nurse will telephone the unit and inform the nurse in charge about the young person, their situation/circumstances and estimated arrival time.	Same day	CAMHS on-call consultant or A and E nurse
5	The unit staff will contact the manager on-call and inform them of the imminent admission.	Same day	Nurse in charge
6	Admitted to the unit by nursing staff, who will complete an interim care plan to cover the following 24 hours.	Same day	Nursing staff
7	Seen and clerked in by a medic.	Same day	Duty Psychiatrist.

10. Admission Procedures

10.1 An admission to an inpatient unit is difficult for most young people, particularly in regards to orientating themselves to the new situation in which they may feel confused and distressed, and to which Forest House staff are sensitive. **See Appendix 2 - Children in Hospital/Living Away from Home**

10.2 Admitting staff should check with the young person their view on notifying the nearest relative of the admission and when required advise the nearest relative of the new situation

10.3 Admitting staff should ensure that consent to treatment is agreed and relevant documentation completed. A second opinion should be requested, when consent to treatment is not in place

10.4 When the young person comes to be admitted, the admission process will follow the HPFT standards. These standards identify practice standards for the Welcoming of New Admissions, Orientation to the Unit, Checking the Property, and the admission Medical and Nursing Assessment.

10.5 During the course of any admission, the data set must be collected and recorded as per HPFT Policy. For known young people this information may already be recorded. However, accuracy should be checked and any omissions noted. Following the collection of this information it should be recorded (or checked) on PARIS by nursing staff (or delegated administrative representative)

10.6 The young person will be risk assessed on admission and a risk management plan agreed by the admitting team.

10.7 The use of illegal drugs and alcohol is prohibited in Forest House. If a service user is found to have them on admission, the drugs will be removed and will not be returned on discharge.

10.8 Should carers, relatives or friends bring alcohol or drugs into Forest House or be under the influence of any substance, they will be asked to leave. Subsequent visits under the influence of any substance are likely to result in access being denied for the duration of the admission.

10.9 The use of illegal drugs is a criminal offence and if this occurs in the unit, the police will be notified according to the agreed procedures

10.10 If a young person is admitted direct from the community the General Practitioners, (GPs) will be notified by ward staff of the admission on the first working day after which the admission has taken place.

10.11 On admission, young people and their relatives/carers will be advised as to what items are permitted onto the ward and those that are contraband items. A full list is available in reception and in the Information leaflets.

11. Care Programme Approach

The Care Programme Approach (CPA) is the framework for care co-ordination and resource allocation within mental health and should be an effective, efficient and transparent process of care co-ordination and care delivery that encompasses all the relevant responsibilities of the NHS and the local authority.

Care co-ordination (CPA or other types) is necessary once a service user has been assessed and accepted by the service. It follows the agreement of the type of care co-ordination, confirmation of a Care Co-ordinator and an updated care plan and risk assessment must occur at this stage.

Every service user on CPA will have a named Care Co-ordinator. A professionally qualified member of the multi-disciplinary team who is well placed to oversee care planning, risk management and resource allocation will take the role of CPA Care Co-ordinator. Whilst in Forest House – the Care co-ordinator will be a member of the Forest House team.

For planned admissions, the Care co-ordinator should be identified prior to admission. For an emergency admission, the Care co-ordinator should be identified within 2 working days. Promptness in identifying the Care co-ordinator enables them to play a full part in establishing the care and risk management plan, and to support the service user through the decision making process.

With an acute admission, a CPA must occur within 10 working days. In the instance of a very brief admission – a CPA must occur prior to discharge to include a risk assessment, and care plan following discharge, ensuring all the relevant agencies are informed of discharge from Forest House.

With a planned admission, a CPA must occur within the first 4 weeks of admission. Prior to the meeting, a CP2 Needs assessment must be completed (see PARIS), which will influence the care plan. During the meeting, the CP3 meeting document must be worked

through and completed straight after; this is the Care plan. All other relevant CPA documentation on PARIS must also be completed.

During the initial CPA, a working discharge date should be set, along with an updated risk assessment. With a discharge date set, another CPA can be arranged for mid-point in admission, and another prior to discharge from the unit.

Where a young person is already known to CAMHS and/or Children's Services, all professionals involved must be invited to the CPA meetings. The meeting acts as a consistent point of contact for all parties involved in the care. If they are unable to attend, a representative from their team should be considered, or report sent. Copies of all the documentation must be sent to them following the meeting.

During the course of the admission, the young person and relevant carers will be encouraged to be involved in the formulation of the CPA Care plan (see section 10). This will include relevant care and treatment whilst in Forest House and identify services required upon discharge. The view of the young person is elicited on what they want and what they expect. The preference of the young person needs to be considered and accommodated as far as possible.

The young person, and appropriate carers, if agreed, will be given a copy of the CPA Care Plan and have an opportunity to express their views on its content.

The Care co-ordinator needs to assist in planning and monitoring the delivery of the agreed care plan, and document and communicate decisions made about it. They must also remind contributors to the care plan of their responsibilities if they are not complying with the care plan, and ensure the necessary services are commissioned or accessed, covering both health and social care needs.

During the pre-discharge CPA, services providing follow-up care in the community will take responsibility for the treatment of the young person. They will be aware that on discharge, the Care co-ordinator will need to change, as is no longer appropriate to be a member of staff at Forest House. If the main service involved is the Hertfordshire Adolescent Outreach Team – then the allocated worker from the team will become the Care co-ordinator. If the young person's main service is from the Specialist CAMHS clinic (even if Outreach are also involved as an additional service, but not main service), the clinician involved from the specialist CAMHS clinic will become the Primary Worker/ Care Co-ordinator in place of Forest House Care co-ordinator. If it is felt the young person does not require any further follow-up – they will be discharged from the CPA process.

If a young person takes their own discharge before a CPA meeting can be held – a follow-up meeting will be held in the community, where the Forest House Care co-ordinator can hand-over the Care co-ordinator role to the relevant agency involved.

Staff should be mindful of the needs of carers in relation to the treatment and care of their relative/ carer. The young person will be encouraged to share information with the carer, but will also be made aware that a certain level of information will automatically be shared to a carer, where legally required.

In recognition that young people, because of age, disability or other significant functional disabilities, can be more vulnerable than most to the possibilities of being exploited. Any such issue would be addressed within the care plan and be dealt with appropriately.

In-patient services will comply with all the requirements of the HPFT Policy on 'Care Coordination Policy Incorporating the Care Programme Approach & Sharing Information Guidance'.

12. Carers

Any person identified as a substantial and regular carer will be informed of their right to be offered a separate assessment of their own needs and a care plan under the Carers Recognition Act. A leaflet giving details of this process will be given to them.

The Carers needs will be identified during the care planning process, (see Section 11) and a Carers Assessment arranged by the Key worker or Care Co-ordinator if this is required and desired. (Please see Carers Practice Guidance).

Carers will be advised of the support they can receive from Carers in Hertfordshire and local information regarding support for carers, is located on the unit notice board.

13. Formulating the Care Plan

Forest House is committed to a whole system approach and to maximise connections with all community services and other agencies. In particular, strong working relationships with all community teams are seen as crucial in order to connect the young person with the community during the period of in-patient care.

Weekly ward rounds are the venue where all disciplines, from both in-patient and community teams, meet together with the young person, relevant carers, community Care Co-ordinator and any other services or agencies that are involved, to formulate and review plans. These plans are formally agreed at the CPA review. (The community care co-ordinator would only come to the CPA's)

Following admission and the initial up-dating of the comprehensive assessment, the multi-disciplinary team continue to gather relevant information on physical health, psychological and social care and educational needs together with an on-going assessment of risk. Family difficulties, including child protection issues will be identified. The Key worker will coordinate this in conjunction with the Care Co-ordinator. The needs identified form the basis of the CPA Care Plan, which will include medical and psychological aspects of treatment together with details of how any community social care and physical health needs will be met.

A Nursing Care Plan, written by the Key worker will identify the daily (Therapeutic) activities the young person will attend during the period of recovery in Forest House. This will assist the young person in reaching a level of recovery that allows them to function in their lives, during the course of the treatment. The Nursing Care Plan is monitored daily, up-dated by Nurses (according to The Nursing Care Plan Policy) and shared at ward round. The Nursing Care Plan will include monitoring mental state, nursing interventions, monitoring response to medication, monitoring physical health, section 17 leave and any financial/benefit issues.

The CPA Care Plan will address issues that emerge during the admission or can be anticipated upon discharge from in-patient care. This will include ensuring the service user is registered with a local GP; identify housing issues that may affect discharge, or on-going intensive care from the Adolescent Outreach Team and will address any other social care issues.

The CPA Care Plan may also identify the need for on-going involvement in home or community activities during the in-patient episode.

Whilst an in-patient it is seen as high priority that any issues to do with welfare benefits are addressed in the Nursing Care Plan and the CPA Care Plan and immediate assistance is offered

14. Discharge from Forest House

Discharge from Forest House can occur as part of a planned procedure.
Discharge may also be unplanned following discharge from the Mental Health act or when a young person who is here on a voluntary basis leaves.

Whenever discharge from the unit occurs, the multi-disciplinary team,
Including the community Care Co-ordinator, should ensure the most appropriate plans are in place to ensure the safety of the young person (and others) and that all relevant community agencies are normally notified prior to discharge, if this is not possible the relevant agencies will be notified on the day of discharge.

Discharge whenever possible, should be preceded by a CPA Pre-discharge review meeting when plans are made for follow-up support and treatment, these plans should also include social care and educational needs.

The Care Plan must be robust and consider all aspects of health,
Psychological and social care and educational needs. The views of the young person and carers should be considered and recorded on the plan

The risk assessment will be up-dated.

If an unplanned discharge occurs and it has not been possible to hold a
Pre-discharge CPA Review Meeting the relevant community team should be informed immediately and an urgent CPA Review Meeting arranged. This meeting is normally held at and arranged by staff at Forest House within a week. This meeting can be held in the community if needed.

Information on the current mental state and an updated risk assessment should be communicated to the Hertfordshire Adolescent Outreach Team (HAOT) and the relevant CAMHS department. A follow-up contact within 7 days of
the discharge will be arranged in accordance with the HPFT Policy “Follow up after discharge from Mental Health In-patient Units”

15. Medical Treatment

Forest House staff work hard to ensure that the young people depending on need are provided with an intensive, multi-disciplinary therapeutic programme. Medical treatment forms only part of the treatment available and interventions included are listed below.

Evidence based interventions and best practices according to the NICE guidelines are used when appropriate.

It is accepted that at times, the evidence base for treatment is limited and treatment will then be according to best practice. If necessary staff will have had consultation with other experts in the care of young people.

All young people will receive any necessary physical investigations and care whilst an in-patient at Forest House.

Young people and their parent/carer will be informed of pharmacological treatments. They will have the effects and side effects fully explained to them and where possible are included in the decision making.

Where possible, medication will be prescribed according to its licensed indications, (as issued by the Committee on the Safety of Medicines.) Young people and their parents/carers will be aware if the medication used is not licensed and the indications for its use explained.

Polypharmacy and high dose medications will, as far as possible be avoided. However, the Royal College of Psychiatrists and the British National Formulary for Children will be consulted and current best practice will be followed.

Rapid tranquilisation will be administered, only where necessary and only after verbal de-escalation has failed. Oral medication will be offered in the first instance. Monitoring of physical health following tranquilisation will be according to unit guidelines.

Electroconvulsive therapy will only be considered in exceptional circumstances. It will be given in accordance with the guidelines issued by the Royal College of Psychiatrists and in accordance with the Mental Health Act. Prior to the administration of ECT, an expert second opinion will be sought.

16. Mental Health Act 1983 as amended by the Mental Health Act 2007

Young people staying at Forest House Adolescent Unit may be treated as informal patients, but the unit may also accept patients subject to a detention order (Section 2, Section 3, Section 37) of the Mental Health Act 1983 as amended by the Mental Health Act 2007 (collectively referred to as MHA83). Patients subject to Community Treatment Orders may be recalled to Forest House if this proves necessary.

All staff, including bank staff, will be given specific training on the Mental Health Act (MHA) as it relates to the inpatient client group. Unit staff may at any time ask the responsible MHA office for training on specific MHA issues.

When assessing under MHA83, one of the team should be a specialist CAMHS clinician. A specialist clinician as soon as possible following admission will see all adolescent patients, regardless of MHA status.

The responsible MHA office will check that all the relevant original documentation authorizing admission under the Act is correct, up-to-date and stored in a place of safety. The MHA office is also responsible for entering the details of that documentation on the Electronic Patient Record (EPR). Copies of all papers relating to admission under MHA should be kept in the legal document section of the patient's file on the unit.

The detained young person and the Nearest Relative will be informed in writing by the MHA office of the particulars of the section used to detain the patient and the rights of both during the currency of that provision. This information will be accompanied by written advice about rights of appeal and complaint, facts about consent to treatment under section and rights to advocacy.

Section 17 leave will be implemented, when clinically appropriate, in accordance with HPFT's S17 Leave Policy. A copy of the completed leave form will be forwarded to the responsible MHA office. Superseded leave forms will be crossed through as soon as a new form is completed.

All decisions about the treatment of young persons subject to admission under MHA83 will be taken in accordance with the precepts of Chapter 36 of the Code of Practice 2008.

Treatment of patients detained in hospital is subject to Part 4 of the Act and will be administered only with the authorization of the correct documentation after the initial three-month period has been completed.

All original documentation must be sent to the MHA office on the Kingsley Green site. Two copies of the relevant form will be kept in the unit: one on the patient's file and one with the medication chart.

If the services of a second opinion appointed doctor (SOAD) are required because the patient is incapable of consenting or is refusing to consent to treatment, unit staff will ask the MHA office to arrange a SOAD visit.

ECT and the administration of medication as part of ECT are matters covered by S58A. No patient under the age of 18, whether detained or informal, can be treated under this section unless a SOAD has certified that it is appropriate. This is ALWAYS the case; there is no three-month period when either may be administered without a SOAD certificate.

If in doubt about anything relating to the treatment of detained patients under the Act, unit staff will refer the matter to the MHA office or consult the Trust's Policy on Consent to Treatment.

ECT patients recalled to hospital are treated under S62A, using the plan agreed by the SOAD.

Staff will monitor time elapsed since the patient returned to the hospital. Recall lasts for up to 72 hours and lapses at the end of that period, so monitoring is vital.

Further information about treatment for patients liable to SCT or any other aspect of admission under S17A can be found in the Trusts Consent to Treatment and Supervised Community Treatment Policies.

Mental Health Review Tribunal (MHRT) hearings may take place once in every period of admission when the young person appeals or is referred by the Hospital Managers. The MHA office will arrange the hearing. The unit will offer dates for the hearing when requested and supply reports in accordance with HPFT's MHRT Policy.

Mental Health Act Managers' (MHAM) hearings may take place at any time; the patient may appeal to them every 28 days; in addition, a MHAM review will take place whenever

a section order is renewed under Section 20 MHA83 or when a Nearest Relative is barred by the Responsible Clinician (RC) from discharging a patient (See section 16). The MHA office will arrange the hearing. The unit will offer dates for the hearing when requested and supply reports in accordance with the Trust's Standards for Managers' Hearings Policy.

Discharge from liability to detention/compulsion can be ordered by:

A) The Responsible Clinician;
B) The Nearest Relative (unless the RC bars it under S25 (1) of the Act);
C) AN MHRT panel
D) A panel of Managers

Discharge from section/compulsion should be notified (where possible and appropriate) to the Nearest Relative at least seven days before the event, as prescribed by the Code of Practice 2008.

Any detained patient who absents him/herself from the unit without the written consent of the RC or fails to return from S17 leave at the specified time is absent without leave (AWOL). Unit staff will immediately notify the police, the Nearest Relative and any other relevant individuals/agencies. Unit staff should refer to the Trust's AWOL Policy if in doubt about the correct procedure.

For any child or adolescent detained under S136 of the MHA, the S136 facility available within the adult PICU will be used as the designated place of safety. Please refer to the Trust Section 136 policy. If it is necessary for a child or adolescent to be detained under S136 then staff from Forest House will provide the necessary support to the police.

17. Forest House Working Practises

Forest House aims to provide a safe place where a young person can explore their difficulties within a caring and respectful environment. The unit fosters a culture of enquiry, openness and trust in which the distress behind behaviour and mental health difficulties can be articulated and understood.

Forest House has a strong emphasis on therapeutic interventions at all stages of treatment and recovery.

There is emphasis on enabling a young person to engage with the unit and involving them in the therapy, education and activities on offer.

Each young person has a key worker who supports him or her on a 1:1 basis. This key worker is assigned to them on admission and is responsible for ensuring that the young person settles and is aware of their programme. The staff team are skilled in respecting the boundaries of confidentiality for developing adolescence.

On admission, each young person is explained the rules of the unit and given a copy of the unit programme.

Groups aim to facilitate a young person's development through adolescence. These groups include non-verbal therapies such as art and dance and movement therapy. There are psychology-based groups such as Cognitive Behaviour Therapy (CBT). Also

available are occupational therapy based groups such as living skills and an activity group, and there are development groups of single sex to think about puberty etc.

The reasons for prescribing medication and their side effects are explained to both the young person and their parent/carer. The parents/cares are informed in most instances but in the case of emergencies it may not be practicable and at other times, the confidentiality of a young person will have to be respected. Leaflets regarding medication are available.

Working closely with their family we aim to enable a young person to return to their family and community. Regular family meetings are held and a family (systemic) therapist supervises these where necessary.

Every effort is made to ensure that disruption of a young person's education is kept to a minimum. Most young people have access to education from teachers specialised in teaching those with mental health difficulties. Each young person has a tailored education programme and staff liaise regularly with mainstream schools where appropriate.

Staff are skilled in recognising child protection issues and work closely with Social Care when needed.

All young people have access to fresh air and a secure external space provided if the risk assessment indicates access to external space is appropriate and safe.

Staff at Forest House endeavour to create a safe supportive and quiet environment to assist young people in their recovery.

Young people are supported in taking healthy lifestyle choices including diet, exercise.

Young people are discouraged from drug and alcohol use including smoking. Support is available from the Adolescent Drug and Alcohol Team when necessary.

Boundaries are set within the context of physical and psychological containment. This includes contracting, de-escalation and time out.

There are both formal and informal support systems for staff. Formal systems include de-briefing, staff support group and peer supervision.

The completion ratings scales on admission and during their stay regularly review the progress of the service user. Regular CPA meetings are held.

The unit takes part in the QNIC, (Quality National Inpatient Control) a national peer review co-ordinated by the Royal College of Psychiatrists and is an accredited unit.

Within Forest House, there is a culture of learning and practice that is evidence informed in line with local and national policies.

18. Services for In-patients

Personal advice is offered by nursing and community staff on a range of issues including:

- Rights under the Mental Health Act

- Patient Advocacy Service (POhWER)
- Patients Advisory Liaison Services (PALS)
- Housing Issues
- Welfare Benefits
- Local Carers Groups

Specific services will be arranged for young people from different ethnic backgrounds and an interpreter will be identified if this is required.

There is a unit telephone. Such items as newspapers, toiletries, confectionary and soft drinks are obtained from local shops as required.

Laundry facilities are available in the unit.

Spiritual and religious guidance/chaplaincy for all denominations is available on request

A Patients Forum/Community Meeting is held weekly when any general issues regarding life in the unit can be discussed.

An advocacy service is available to service users. The advocate attends the unit once a week and is there to meet with young People. There is a poster on the notice board in the main corridor with all the details for POhWER should any young person wish to contact this service at any other time.

Unit activities are organised daily for young people and are programmed on the unit notice board. These may include therapeutic and recreational activities

On the unit there is a picture board showing photographs of staff to aid identification.

19. Medication Policy

The HPFT Medication Policy will be followed at all times.

20. Smoking Policy

Forest House has a no smoking policy within both the unit and the grounds of the hospital. Nicotine replacement is available for those wishing to cease smoking. Please see Nicotine Replacement Policy.

21. Visiting by Friends and Carers

Visiting hours are on a Wednesday evening, the young people generally go out with their visitors, to either the surrounding area or home for a few hours. However if this is not possible there is space on the unit for the young person and their visitors to spend time together. The unit is flexible around visiting times and there are other evenings when it is possible to visit.

Although visiting is timetabled once a week, parents and carers do attend the unit more regularly for family work, review meetings etc. Visiting is limited to once a week to allow time and space for all the therapeutic work.

Children under the age of 18 years are allowed to visit, but a responsible adult must accompany them at all times. Visits with children will be managed in line with the HPFT Child Visiting Policy.

Visitors are not allowed on the unit if intoxicated nor are they allowed to bring alcohol or drugs onto the ward.

The Parents Support Group is a monthly meeting that is held on the unit for parents or guardians of all the young people currently on the unit. It aims to provide parents with the opportunity to talk about their thoughts and feelings associated with the experience of having a young person on the unit. It provides parents with an opportunity to work with the unit team on the development of the service and meet other adults in similar situations.

22. Liaison with other In-patient and Community Services

Managers and staff at Forest House will make every effort to ensure community teams are aware of the work undertaken in the unit.

In order to achieve this objective regular contact, as described in preceding sections, will be made with the Care Co-ordinator by the Key Worker (or delegated representative)

The Modern Matron or Team Leader will liaise with community managers on any issue regarding the care of the young people that requires discussion. This could range from ensuring regular visiting by the care co-ordinator is established to the final planning for discharge

The Modern Matron or Team Leader is available, by request, to visit community teams to discuss the service offered by Forest House.

The Modern matron and Team Leader attend the monthly management meeting for other in-patient managers, the Lead Nurse Strategy Group and the 6 monthly Mental Health Nursing Network.

23. Managing Risk

Risk is defined as “The likelihood of an event happening with potentially harmful or beneficial outcomes for self or others”.

The creation and maintenance of a safe environment for young people, visitors and staff is of high importance. Personal privacy and dignity will be respected, distressed young persons and carers will be offered individual support and guidance.

Regular health and safety inspections occur to ensure the physical safety of the unit; this is in accordance to HPFT Policies.

Forest House will have sufficient staff with appropriate qualifications and experience on duty at all times to manage the number of young people in the unit. The number of staff required will reflect the levels of risk and will be reviewed daily, or more frequently, by the Team Leader (or delegated representative)

On returning from any Section 17 leave, an assessment will be made and, when considered appropriate, a search conducted, according to the HPFT Personal Search Policy.

All unit staff are required to undergo specific training in relation to the assessment and management of risk. This is as follows:

- Knowledge and understanding of the HPFT Policy Care Programme Approach Incorporating Care Management
- Mental Health Act 1983 and associated case law
- Mental Capacity Act 2005
- Recurrent (minimum 2 yearly) risk assessment and management training
- RESPECT training (Bank staff must also complete RESPECT training) including refresher courses at yearly intervals
- Fire training
- Staff are required to have relevant and mandatory training, knowledge and understanding of Health and Safety procedures and ensure these are followed in accordance with HPFT policies
- Staff are required to have relevant training and have knowledge, understanding and be competent in performing Immediate Life Support procedures
- Learning for Adverse Events Policy including Reporting and Managing Adverse Incidents/Accident Procedure
- To have understanding and knowledge of the Child Protection Procedure
- Staff must attend basic training on Moving and Handling and attend refresher courses
- Staff are required to be certificated in Basic Food Hygiene
- Basic understanding of the risk factors associated with substance misuse and detoxification
- Staff undertake mandatory Infection Control training

24. Comments, Complaints and Compliments

All comments, compliments and complaints should be dealt with in accordance with the Trust Compliments Concerns and Complaints Policy and Procedure (see Policy document).

The policy requires all verbal or written complaints to be acknowledged within two working days with copies forwarded to the appropriate line manager and the Complaints Manager at Trust Head Office, Waverley Road, St. Albans. Comments and Compliments, once responded to, should be sent for information to the Complaints Team at Trust Head Office. Leaflets outlining the procedure are available [in or on location].

25. Confidentiality

Staff will aim to preserve the confidentiality of information acquired from young people and protect the privacy of individuals about whom such information is collected or held

Carers and relatives frequently request information. This will be given to them when appropriate and with the agreement of the service user. If there is a significant risk to the service user or others then information will be shared with carers on a need to know basis and the service user will be informed of this necessity

Subject to the requirements of the law, staff will take care to prevent the identity of any young person being revealed without the expressed permission of the individual. Staff operate a system of 'shared confidentiality' this means information about individuals will be shared by members of the multi-disciplinary team for the purposes of allocation, advice and supervision. Further guidance can be found in the HPFT Policy on the Management of PARIS and the protocol Inter-Agency Exchange of Information.

26. Access to Records (Including legal access to records)

Members of staff have a statutory duty (Data Protection Act 1998) to inform the young people that information is being held by the Trust on PARIS, the electronic patient record, which records details of their health and social care assessment, treatment and progress, and that these records are identifiable. The young people must also be informed of the right to request access to their records. This information should be given verbally and by offering the young person the relevant information leaflet. The mental health professional should inform the individual that all information is confidential but may be shared on a 'need to know' basis.

Formal applications for access to records have to be in writing. An "**How to apply for Your Health Records**" leaflet can be obtained from a member of staff or from the Information Governance and Compliance Team, Waverley Road, St Albans, AL3 5TL.

This requirement does not override the promotion of good practice where health and social care staff share information and records with service users during the course of the treatment/care episode.

If a legal representative needs to see records for a Managers' or Tribunal hearing, s/he must present written authority to disclose. If the RMO has agreed that there is nothing within the records that needs to be kept from the young person, the solicitor will then have free access (subject to making an appointment to view with the staff). All records MUST be printed off PARIS for the solicitor to view. They will then make any notes they wish and leave the print-out on the premises; they may not put them in their briefcase and take them away. This is to prevent loss or theft of sensitive material. In the future, it is anticipated that there will be a special code to allow solicitors to view the record directly on PARIS. When this comes into force, it will be necessary to have an audit trail to guarantee that there is no breach of confidentiality. Staff should follow, at all times, the Protocol on Non-HPFT Authorised Visitor Access to PARIS.

Request for information by Independent Mental Capacity Advocate (IMCA)

Where someone lacks capacity and the criteria to instruct an IMCA are fulfilled then the IMCA should be allowed access to the relevant records. A form must be completed by the IMCA to say that they are requesting access**.**

If the Responsible Medical Officer (RMO) assesses some information should not be disclosed to the individual, the solicitor must be told. He/she will have free access to the record but is not allowed to reveal the information to their client, unless the Managers or Tribunal Panel rule that fairness requires disclosure

If a solicitor requests access to records for ANY other reason, for example a court case, he/she should be reminded that this is handled under the Trust's formal access to

records procedure and a written request must be made to medical records, enclosing client's authority.

On no account should information be disclosed to a solicitor unless the procedures detailed in section 24.3-24.5 above have been followed. Handing over records without the procedures being followed is a breach of HPFT Policy and could lead to breaching the confidentiality of the person.

27. PARIS

PARIS is the HPFT Electronic Patient Record used throughout the Trust.

Staff are required to have training on the use of the system and to ensure all records are completed on PARIS as agreed.

28. Records Management, Confidentiality and Access to Records

PARIS is the electronic patient record used by HPFT. Staff are required to record all contacts with the service user on PARIS. If difficulty arises, such as there is no access to a computer, a written note can be made in the paper light record.

All matters relating to service users' health and personal affairs and matters of commercial interest to the Trust are strictly confidential and such information must not be divulged to any unauthorised person.

Requests for access to records whether by the service user or a third party including where legal access is requested should be referred to the Ward Manager/Team Leader or centrally.

In order to provide evidence that the best possible care and treatment is given to the service users, staff must follow the record management and confidentiality polices listed below.

- Care Records Management Policy
- Clinical Information Filing Policy
- Protection & Use of Service User Information Policy
- Formal Access to Service User Records Policy
- Freedom of Information Act Policy
- Written & Electronic Communications Policy
- Corporate Records Management Policy

All NHS employees (including seconded staff) are responsible for all records that they create or use in the course of their duties. This responsibility is defined both in law and in other professional guidelines covering the handling of records. For example, the Public Records Act 1958, the Data Protection Act 1998 and the Freedom of Information Act 2000. The Trust's Records Management Policies give full details of those responsibilities and the standards we need to meet.

29. Health and Safety

Every employee and those persons working on behalf of the Trust have a duty to take reasonable care for the health and safety of themselves and other persons who may be affected by any acts or omissions by themselves. To cooperate with the organisation so

far as it is necessary to enable management to carry out its legal duties relating to health and safety matters i.e. follow instructions and training, use equipment provided for their protection, report defects/damage/ health and safety concerns.

HPFT have a duty to remedy and or report any hazards or unsafe working practices in the immediate working area to the appropriate manager or supervisor.

30. Communication

For people with physical, cognitive or sensory disabilities and people who do not speak or read English, information should be provided in a way that is suited to the individual's requirements and enables them to participate as partners in decisions about their health or social care

If the individual (or in the case of a child their parents) relatives or carers, do not have sufficient understanding of English and the member of staff does not speak their language, an interpreter should be available to assist when giving information. The telephone interpreting service Language Line is available to all Trust staff for short conversations or face-to-face interpreters can be arranged through the Cross Cultural Services Advisor, Trust Head Office. If a sign language interpreter is required, this can also be arranged through the Cross Cultural Services Advisor

- It is not good practice to use families, especially children aged 16 and under, to act as interpreters for healthcare information

- The HPFT Policy On 'Communicating with Individuals from Diverse Communities' provides guidance and the procedure for accessing the interpreting service.

31. Equality and Diversity

All staff must be aware of issues relating to equality and diversity for service users, carers and staff including:

- Understanding how to ask questions about culture, religion and ethnic background.
- Arranging interpreters where necessary .
- Offering adaptations for people with disabilities e.g. Hearing Loop, Downstairs meeting rooms etc.
- Opportunity to discuss relationships and issues relating to sexuality.
- Ensuring that older people to not suffer disadvantage and are supported appropriately within services.
- Ensuring that people with learning disabilities do not suffer disadvantage and are supported appropriately within services.
- The needs of both males and females are represented equally – including the needs of transgendered service users.

Staff have a responsibility to challenge any discrimination they may witness and report back in accordance with risk management and complaints and incidents processes.

All staff have the right to be treated with dignity and respect. Any situations of harassment, bullying or other abuse must be dealt with in accordance with the Trust harassment & bullying policy and other associated guidelines. All staff are also entitled to access the “Employee Assistance Programme” which includes the counselling service, if needed.

Staff must also be aware of issues relating Human Rights including how they apply to staff and service users. Information on this is available within the Trust Single Equality Scheme.

Disability access All services that are offered above ground floor level must have clear contingency plans for how they work with service users, carers and staff with disabilities that prevent them accessing premises above the ground floor. A clear contingency protocol must be outlined in the service operational policy. Forest House Adolescent Unit is a ground floor building and has disabled access.

32. Capacity to Consent

Where the young person does not have the capacity to consent, (from April 2007) parts of the Mental Capacity Act will be in force so common law will not apply. They will need to refer to the Trust/ACS joint policy on the MCA to treatment, health professionals can and should provide treatment if it is considered to be clinically necessary and in the 'best interest' of the service user. Discussion should take place within the multidisciplinary team and where appropriate with relatives and carers. It may be necessary to obtain legal advice in some circumstances. Issues on capacity are fully covered in the Mental Capacity Act 2007

33. Freedom of Information

The purpose of the Freedom of Information Act (FOI) is to allow greater access to non-clinical information held by public authorities and potentially *the Public can scrutinize every document (that is not about an individual e.g. young person)*. The Act gives the Public the right to be told whether a piece of information exists and the right to receive it if requested

The FOI Act DOES NOT supersedes the Data Protection Act 1998 and information about an individual (and described as personal data) would not be disclosed under the FOI Act.

34. Quality, Audit and Practice Governance

Every effort will be made to provide services of high quality. Local Practice Governance Groups, involving all stake holders, meet bi-monthly to review, reflect, prioritise and learn the lessons identified from practice issues such as serious incidents, near misses, complaints and compliments

Staff will be provided with space and opportunity to explore their practice and service delivery. Reflective practice meetings take place weekly. De-briefing is arranged after any untoward incident and there are regular opportunities offered for discussion on practice at staff away days and through in-house training.

Routine Outcome measures, (such as HONOSCA and CGAS) will be used to measure the impact of the service provided

35. Training/Awareness

STANDARD

Forest House complies with all Mandatory at HPFT – see Learning and Development. A copy of Training Records on all staff is kept by the Team Leader.

The table below sets out the minimum standards for staff working for HPFT, CAMHS Forest House service.

	Permanent Staff	Temporary Staff	Students/Trainees
Induction to Service	Induction on 1st day	Induction on 1st day	Induction on 1st day
Supervision Arrangements	Monthly	Monthly	Monthly
Appraisal	Annually	Annually	Annually
Training	All Mandatory Training and any other training identified as part of personal development plans.	To provide evidence of attendance of mandatory training	Any training necessary to support placement

36. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

RULE: Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

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The following table reflects – specifically for this policy – how the design of the service and processes involved has given consideration to all protected groups so ensuring equality and dignity for everyone.

Service user, carer and/or staff access needs (including disability)	Forest House staff will take into account the needs of people with disabilities, considering communication needs and any other access needs during the assessment process, and throughout the duration of inpatient care. Forest House is based on the ground floor providing physically accessible accommodation. The treatment and information given will meet the individual's communication needs including where there are specific language and sensory communication requirements. Forest house will arrange and utilise interpreters as required by the young person and their family. Staff will support young people, parents and carers to understand any printed information that they are provided with, and will facilitate the provision of printed information such as medication information in appropriate formats such as easy-read, if required. All people using the service are: □□Are treated in a way that is considerate and respectful to the person □□Have their privacy, dignity and independence respected and maintained. □□Are supported to express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support. The families of people using Forest House are: Supported to express their views and involved in consultation about the care, treatment and support of the young person. This will be facilitated in line with the wishes of the young person and in line with good practice guidelines for working with families when the young person declines to consent to share information.
Involvement	Staff use young person and parent/carer feedback provided by the Having Your Say satisfaction questionnaires to inform actions to improve services. Young people are offered the opportunity to meet on a weekly basis in the unit to highlight issues and work in partnership with staff to seek solutions to identified issues. Parent/Carers are also offered forums on the unit to meet.
Relationships & Sexual Orientation	Staff take account of the needs of young people throughout the period of inpatient care from assessment, to care planning and transfer planning on from the Forest House. This will include consideration of sexual orientation and any needs of barriers to required care in association with relationships and/or sexual orientation. Staff offer support to parents/Carers and other significant people in the young person's life. As appropriate involving loved ones in the care planning process.
Culture & Ethnicity	Staff provide a service that ensures the culture and ethnicity of young people is reflected in the planning of their care. Staff understand how to ask questions in the assessment process about culture and ethnicity, and that any related identified needs are documented and catered for in the agreed care plan. Forest House offer a menu choice via the in house cook.

	Forest House promotes and encourages young people to maintain their cultural and ethnic choices.
Spirituality	The Assessment process takes account of individual spiritual needs, ensuring all aspects of the HOPE model are utilised as part of the care planning process and within Forest House: **H** – Sources of Hope **O** – Needs re: organised religion **P** – Personal belief structure (including non faith) **E** – Effects on care of practicing spiritual beliefs. (positive and negative) Forest House promotes the availability of Chaplains and Spiritual care visitors and utilises available resources in the Trust and wider community to meet assessed needs where applicable.
Age	Forest House is an Adolescent tier 4 CAMHS inpatient unit for young people between the ages of 12 and 18.
Gender & Gender Reassignment	The unit provides single sex accommodation. Where required Forest House would refer to the Adolescent Gender Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust work and provide support in partnership with this specialist service.
Advancing equality of opportunity	Forest House will reflect on information from young people and parent/carer feedback within the unit team meeting, to inform continuous improvement of services. This promotes continued commitment to equality of opportunity in the service.
Young People who are pregnant	CCATT will address this as part of the Care Plan If required additional resources and interventions will be offered and if there are any safeguarding concerns for the unborn baby a safeguarding referral will be made to Children's Services. At 28 weeks an unborn baby can be considered a 'Child in Need' and if appropriate made subject to a 'Child Protection Plan'.

Promoting and considering individual wellbeing

Under the Care Act 2014, Section 1, the Trust has a duty to promote wellbeing when carrying out any of their care and support functions in respect of a person. Wellbeing is a broad concept and is described as relating to the following areas in particular:

- Personal dignity (including treatment of the individual with respect);
- Physical and mental health and emotional wellbeing;
- Protection from abuse and neglect;
- Control by the individual over day to day life including over the care and support provided and the way in which it is provided;
- Participation in work, training, education, or recreation;
- Social and economic wellbeing;
- Domestic, family and personal;
- Suitability of living accommodation;
- The individual's contribution to society.

There is no hierarchy and all should be considered of equal importance when considering an individual's wellbeing. How an individual's wellbeing is considered will

depend on their individual circumstances including their needs, goals, wishes and personal choices and how these impact on their wellbeing.
In addition to the general principle of promoting wellbeing there are a number of other key principles and standards which the Trust must have regard to when carrying out activities or functions:

- The importance of beginning with the assumption that the individual is best placed to judge their wellbeing;
- The individual's views, wishes, feelings and beliefs;
- The importance of preventing or delaying the development of needs for care and support and the importance of reducing needs that already exist;
- The need to ensure that decisions are made having regard to all the individual's circumstances;
- The importance of the individual participating as fully as possible;
- The importance of achieving a balance between the individuals wellbeing and that of any carers or relatives who are involved with the individual;
- The need to protect people from abuse or neglect;
- The need to ensure that any restriction on the individuals rights or freedom of action that is involved in the exercise of the function is kept to the minimum necessary.

37. Process for monitoring compliance with this document -

Action:	Lead	Method	Frequency	Report to:
Local audits to confirm concordance with this policy.	Team Leader	Team Audit	Policy checked annually	CAMHS Business and Governance Meeting and SBU Quality and Risk Meeting.
Quality Network for Inpatient CAMHS	Modern Matron	External Peer Review	Annual report and action plan	

38. Version Control

STANDARD

Version	Date of Issue	Author	Status	Comment
V1	September 2009	Team Manager	Superseded	New Policy
V2	March 2011	CAMHS Service Manager	Current	
V3	17th April 2015	Modern Matron CAMHS Unit Manager FHAU	Current Policy	Minor amendments – full review
V3.1	September 2015	Service Line Lead	Current Policy	Care Act Addendum removed and policy update to be Care Act Compliant

39. Archiving Arrangements

STANDARD: All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

40. Associated Documents

STANDARD

- Care Co-ordination Policy
- Clinical Risk Assessment and Management for Individual Service Users Policy
- Discharge and Transfer incorporating 7 day Follow up After Discharge
- Health and Safety Policies
- Mental Capacity Act and Mental Health Act policies
- Managing the Risks Associated with Safeguarding Children & Child Protection
- Policy on Non-physical and physical assaults
- Learning from Incidents

41. Supporting References

STANDARD

- Regional Commissioning Policy for tier 4 inpatient CAMHS
- Royal College of Psychiatrists National Quality Network for inpatient CAMHS
- NICE, Clinical Guidance as relevant
- The Human Rights Act

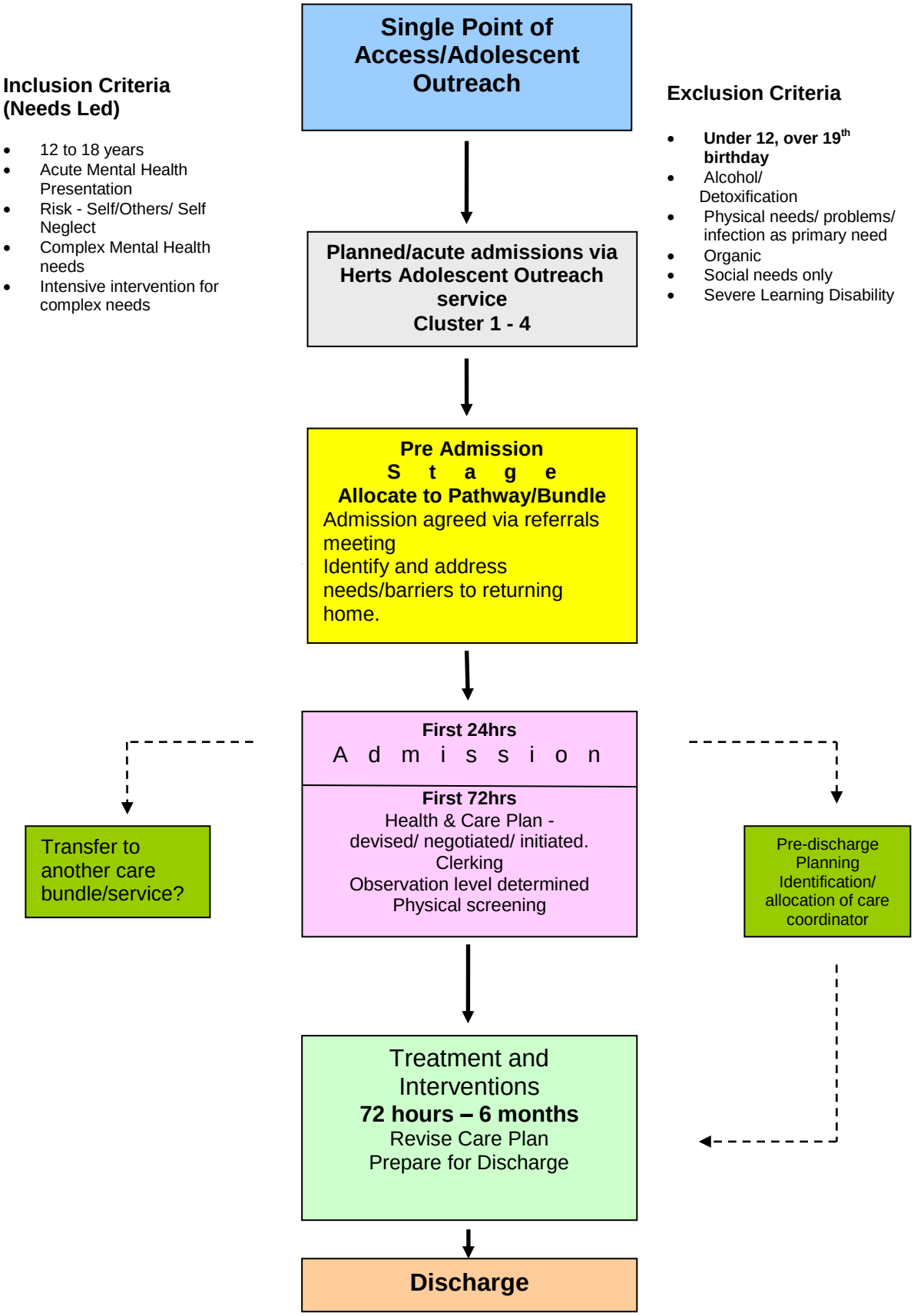
42. **Comments and Feedback –** List people/ groups involved in developing the Policy.

STANDARD

Managing Director CAMHS	Team Leader Forest House
Service Line Lead CAMHS	Practice Governance Lead SBU
Modern Matron CAMHS	CAMHS Leadership Group

APPENDICES

Child Adolescent Mental Health Services (CAMHS)
Forest House Inpatient
Flow Chart



Detail

Pre-Admission

- Inclusion/exclusion criteria applied
- Adolescent Outreach assess all Hertfordshire Adolescents requiring admission between the hours of 09:00 to 17:00 Monday to Friday.
- Young people with an eating disorder are referred via Hertfordshire CAMHS Eating Disorder Team
- Eastern Region referrals via telephone call or Accident &Emergency – verbal information taken then relevant information faxed to unit. Screening then carried out by Modern Matron, Team Manager or Senior Nurse, medical staff input sought, admission agreed/arranged
- Hertfordshire Child out-of-hours referrals – as above
- Allocate to appropriate assessment and or treatment pathway.
- Ward and refer arrange admission
- Arrange/prepare for admission
- Prepare for service user arrival
    - staff – skill mix
    - medication
    - ward environment (gender/Eliminate Mixed Sex Accommodation [EMSA])

First 24 hours

- Admission checklist completed
- Identify needs/risk/observation level/health/orientation onto ward/screening/ECG/capacity/care/Physical Needs Assessment completed, and child needs.
- Ward allocates Care Coordinator allocated.
- Allocate Primary Nurse, Secondary Nurse and Health Care Assistant.

Admission/First 72 Hours

- Review to ensure screening, assessment and Care Plans for Young People. During admission, the young person's weight, height and weight for height percentage should be calculated as part of the assessment, with a further assessment of level of dependency made. Skin complications and assessment of the type of equipment needs should also be noted which will, in turn, inform the initial and on-going Care Plan.
- Care Planning and risk assessment with recovery goals (steps towards recovery and discharge; personal and clinical recovery planning and Care Programme Approach (CPA) process
- Initiate preliminary assessments – nutrition and dysphagia.
- Commence discharge planning; involve other services, as appropriate
- Identify what must change for admission needs to have been met to enable the young person to safely return to their community setting.
- Negotiate and give copy of Care Plan to service user
- Commence interventions in line with Care Plan and needs identified
- Consider transfer to another care bundle or service
- Multi-Disciplinary Team (MDT) including a Child and Adolescent Psychiatrist review and plan on a daily basis, needs and progress of the young person.

Detail (cont.)

Treatment/Interventions – 72 hours – 21 days

- Primary Nurse to coordinate on-going assessment and treatment of young person.
- Consultant or non-consultant Psychiatrist review needs of service user as appropriate confirms diagnosis, initiates and modifies treatment, further investigations.
- Multi-Disciplinary Team (MDT) formal review, review of Care Plan against goals of admission and recovery goals, unmet needs, carer needs
- Engagement, including structured therapeutic interventions and recreational activity - see Intervention Options
- Regular 1:1sessions with Primary or Secondary Nurse – 1 hour weekly
- Provide psycho-education, diagnosis, symptoms, treatment, therapies, services, Mental Health Act (MHA)
- Medication needs; administration, self-care supervision, monitoring, education, monitor and management of side effects.
- Section 117 after-care preparations as appropriate. Identify use of leave.
- Increasing involvement of other care teams/carers.
- Consider/involve other care bundle or service, Hertfordshire Adolescent Outreach Team (HAOT), and or the Early Intervention in Psychosis aspect of the Adult Targeted Mental Health service, also known as team 3.
- Assessment of social care need in line with Children Act 1989.
- Care Programme Approach (CPA) – processes and meetings/involvement of carers. Preparation for 7-day follow-up

Discharge

- Review risk assessment/contingency/after care plan within CPA process
- Facilitate safe discharge/transfer of care/allocation of new/alternative care bundle or service.
- Ensure psychological therapies initiated are followed through as appropriate.
- Discharge checklist completed.
- Medication ordered/checked/given.
- Having Your Say form; Helpline number given; Health of the Nation Outcome Scale (HoNOS) communication with relevant professionals; HAOT, Specialist CAMHS, Children's Services, CATT, Adult Mental Health Services, GP, School etc.
- Give discharge Care Plan to young person and with their consent family/guardian/professionals.
- CPA documentation – (management of Care Records Policy)
- Record of inpatient episode closed on electronic patient record (EPR)

Admissions Checklist

FORM	DISCIPLINE	DONE (initials)
DAILY PROGRAMME	Give to young person	
USEFUL INFORMATION	Give to parent/guardian	
TEAM SHEET x3	Give to young person Give to family	
INFORMATION SHEET	Nurse	
NURSING ASSESSMENT	Nurse	
VIDEO RECORDING CONSENT	Nurse	
BOY'S/GIRL'S GROUP CONSENT	Nurse	
STAFF OBSERVATION OF GROUP WORK CONSENT	Nurse	
OUTINGS/TRIPS CONSENT	Nurse	
SCHOOL INFORMATION	Teacher	
CHILD VISITING FORM	Nurse	
ETHNICITY FORM	Nurse	
HoNOSCA SELF ASSESSMENT	Nurse with the young person	
HoNOSCA SCORING SHEET	Nurse	
NUTRITION & DYSPHAGIA SCREENING TOOL WITHIN 72 HOURS	Nurse	
CD INVENTORY	Nurse	
OVERALL ASSESSMENT SUMMARY	Nurse	Ongoing through to discharge
CHILDREN'S GLOBAL SCALE	MDT	Ongoing during team meetings and unit rounds
DRUG CHART	Doctor	
PHYSICAL EXAMINATION	Doctor	
CONSENT TO SHARE INFORMATION WITH AGENCIES	Nurse	

ALL THESE ADMISSION PROCEDURES MUST BE COMPLETED WITHIN 7 DAYS OF ADMISSION

Discharge Checklist

Service User's Full Name			**Consultant**	
			Named Nurse	
Date of Birth			**Ward**	
Please tick:	**Yes**	**No**	**N/A**	**Comments**
Is discharged planned. Is discharge against medical advice				
Has service user undertaken periods of leave				
Home visit carried out				
CPA taken place. Sec. 117 if detained on Sec. 3				
Discharge discussed with service user/nearest relative/career				
Has carer's assessment been completed, if appropriate				
Has home environment being assessed prior to discharge				
Has transport been arranged				
Inform Care-Coordinator/other involved community agencies (inc. CATT)				
Up to date Risk Assessment, distribute to relevant professionals				
Health & Wellbeing Plan updated/shared with Care co-ordinator				
Property/monies from ward safe/general office returned to service user				
All contact numbers of community staff given to service user and or carer				
Crisis care and contact details of the Mental Health helpline offered to service user.				
Discharge medical certificate given to service user				
TTAs checked and given to service user				
Date of outpatients appointment give to service user and 7 day follow-up if applicable.				
Copy of discharge notification given				
Return service user's own medicines if appropriate and/or send to Pharmacy				
Discharge entry in care notes				
Inform Modern Matron/Bed Manager and medical records of				

discharge				

List of staff consulted in Care Bundle process:

Managing Director CAMHS
Service Line Lead
CAMHS Community Manager
Modern Matron CAMHS & Unit Manager
Team Leader
Clinical Psychologist
Social Worker
Clinical Champion

Children in Hospital/Living Away from Home

Dependent children accommodated in CAMHS in-patient units are classified as “children living away from home”.

Section 85 of the Children Act 1989 (Amended by The Children & Young Persons Act 2008) requires the “Accommodating Authority” to notify the “Responsible Authority” when a child has been, or will be, accommodated for a consecutive period of three months.

The “Accommodating Authority” is the agency (i.e. Thumbswood Mother and Baby Unit) which is providing accommodation to the child.

The “Responsible Authority” is the local authority for the area where the child is ordinarily resident, or where the child is accommodated if this is unclear.

Upon notification that a child from their area is living in such arrangements, Children’s Social Care can assess whether the child’s welfare is being adequately safeguarded and promoted and whether any additional services or interventions should be offered to the child and / or their family.

The notification should include as a minimum:

- Child’s name
- Child’s date of birth
- Child’s address immediately prior to admission or accommodation (or for a new born baby, the address of the child’s mother immediately prior to delivery)
- Date of admission or accommodation
- Name, address and contact person of the agency providing accommodation
- Names and contact information for the child’s parents or anyone else who has parental responsibility in respect of the child
- Name and contact details of the person making the notification

When the child is no longer being provided with accommodation, the accommodating authority must inform the Children’s Social Care office to which they made the original notification. The information which must be included in the discharge notification is:

- Child’s name
- Child’s date of birth
- Address the child has returned to
- Date of accommodation and date of discharge
- Name and contact details of parents or any other person who holds parental responsibility in respect of the child.

Copies of the above notifications must also be sent to the HPFT safeguarding team at: safeguardingteam@hpft.nhs.uk

Safeguarding Children Board (LSCB) procedures for safeguarding and promoting the welfare of children should apply in every situation and to all settings, including those where children are living away from home. The Hertfordshire Safeguarding Children Board (HSCB) can be found at:

http://hertsscb.proceduresonline.com/index.htm

Our Values

Welcoming Kind Positive Respectful Professional